MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050320

Registration District No. _317_ Primary Registration District No. _500_ Registrar's No. _3786_ STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED

FILED JAN 3 1964

ITEM NO.		
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS SHOULD READ INSTEAD OF BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Ballwin Length of stay in 1b 26 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pine Crest Nursing Home DIVI Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Peoria
c. CITY OR TOWN Peoria Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3016 N. Indiana Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Michael Middle "Eric Last Neaveill
4. DATE OF DEATH Month Dec. Day 12 Year 1963

5. SEX Male **6. COLOR OR RACE** White **7.** Married ☐ Widowed ☐ Never Married ☒ Divorced ☐ **8. DATE OF BIRTH** 6/15/1962 **9. AGE** (last birthday) 1 IF UNDER 1 YEAR Months / Days IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none **10b. KIND OF BUSINESS OR INDUSTRY** none **11. BIRTHPLACE** (City and state or country) Peoria, Ill. **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME Boyd Neaveill **13b. MOTHER'S MAIDEN NAME** Barbara D. Miller **14. NAME OF HUSBAND OR WIFE** none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** **17. INFORMANT** Boyd Neaveill, 3016 N. Indiana, Peoria, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Myocardial Failure 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Heart Anomaly 1½ years
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ **20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Nov. 16, 1963 to Dec. 9, 1963 and last saw her alive on Dec. 9th, 1963
Death occurred at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph W. Laffey M.D. (Degree or title) **22b. ADDRESS** 13,206 Manchester Rd Des Pere **22c. DATE SIGNED** 12-12-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal/Transit **23b. DATE** 12/14/63 **23c. NAME OF CEMETERY OR CREMATORY** Swan Lake, **23d. LOCATION** (City, town or county) Peoria, Illinois

24. FUNERAL DIRECTOR Schrader's, **ADDRESS** Ballwin, Mo. **25. DATE RECD. BY LOCAL REG.** 12-12-63 **26. REGISTRAR'S SIGNATURE** John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____Richard Bopp_____
Signature of Student Embalmer

Licensed Embalmer No._4584_

P. O. Address_Baldwin, Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN. HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body, is not embalmed, fact should be so stated above.